

## LIBERIAN HEALTH SHEET

Due to the continuing instability and violence, the majority of Liberians lived in Côte d'Ivoire up until 2002 when the unrest and violence dramatically affected the well-being of Liberian refugees and they were violently forced out of the region. Liberia has endured two violent civil wars in the last 15 years; the first from 1989-1997, the second from 1999-2003. More than 200,000 people are estimated to have been killed since 1989, while more than a million people were forced into exile as refugees. Liberia's civil war resulted in approximately 215,000 refugees at the end of 2001; 50 to 80% were women.



This map does not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers.

Pre-migration	During flight & refugee camps	Post-migrational & Resettlement
For the last decade Liberian had had little or no access to health services, exposure to infectious diseases, low immunization rates	Malnutrition, diminished immune system, diarrhea disease, typhoid, hepatitis B, dysentery, cholera, sexually transmitted diseases and STD's.	Problems and stressors of resettlement, crime, chronic conditions, parasites

- Upon resettlement in the USA, health Practitioners should be aware of the possible medical issues in the Liberian Refugees.

- Malnutrition
- Scabies
- Chicken Pox
- Measles
- O'nyong-nyong Fever
- Oral Health Deficiencies
- Mental Health Concerns

- Preliminary information points out that refugees are 70% women and children. Children under the age of 15 make up almost 50% of the population. Initial information shows that there are broken families and multigenerational households (e.g., small number of bread earners with a large number of dependents such as small children, elderly and disabled adults).

- Refugee epidemiology of psychiatric disorders can be said to proceed in stages based on the context of the forced migratory experience. Psychosocial resettlement concerns for Liberians can be linked to the decades of conflict and instability. High rates of violence in the refugee camps have also contributed to a decreased sense of security and well-being. The Liberians will be struggling with the after-effects of violence and physical trauma.

### **Family Structure**

Liberians do not like to live alone. They live with members of their immediate and extended family.

- The number of people living in a typical household varies according to the family's income. The more they earn, the larger the household will be.
- It is common for men to take on more than one wife, more often in rural areas.
- There is an average of four to five children per family. If a man takes more than one wife, more children will be added to his family. Women, and often older siblings, look after children.
- It is considered normal for children to be disciplined by people from outside of the family group. The community is seen as the "broader" family.
- Women are expected to handle all childcare and household duties. The kitchen is solely a female domain, and men are encouraged not to enter. Women's access to formal education is increasing but female literacy rates are significantly lower than the literacy rates for men.
- Family roles are quite traditional in Liberia, with men still expected to be the main breadwinners. Men are also expected to make all the major family decisions. Attitudes are changing, but the majority of men do not consider women to be equal to men.

- The elderly (usually a person aged 40 and over) are highly respected in Liberia. If there is a dispute in a family or in the community it is always the elderly who provide advice towards a solution. When no longer able to look after themselves, the elderly are cared for by their families.

## **Communication and Social Interaction**

- English is the Liberian's official language and the main language spoken in urban areas.
- Other spoken languages are Mel, Kwa and Mande. American English is taught in all schools due to Liberia's historical relationship to the US. Liberians tend to speak very fast and have developed a colloquial version of English similar to Creole. There are various types of regional dialects found in different areas of Liberia.
- Liberians like to communicate as well as to go out and socialize.
- Liberians do interact in social gathering and primarily with their large extended families.

## **Maternal and Child Health**

- Maternal mortality is among the highest in Africa and the current maternal mortality is estimated at 780/100,000 live births. Infectious causes of death are identified in preconceptional, prenatal, and postnatal care, integrated with other reproductive health and primary care services.
- USAID is providing basic health care services. 317,391 women of child bearing age are targeted for reproductive (family planning) maternal health services; 249,152 adolescents, 13 to 24 year of age, have been targeted for sexually transmitted diseases and HIV/AIDS prevention and control services.
- Causes of maternal death are multifactorial and cannot be resolved simply by increasing the percentages of deliveries by skilled birth attendants.
- A January and March 2004 study of women residing in the refugee camp at Oru in Ogun State, Nigeria, shows how forced migration contributes to increase incidence of both communicable and non-communicable diseases in women. During the civil war, an estimated 40% of all Liberian women were raped. *"Refugees, Forced Displacement, and War"*, Trude Bennett, Linda Bartlett, Oluwasayo Adewumi Olatunde, and Lynn Amowitz, CDC Vol.10, No.11, November 2004.

- **Pregnant and Breastfeeding Mothers:** Pregnant HIV positive women need to be advised about the use of antiretroviral drugs as means to prevent passing the disease onto their child, and HIV positive mothers should be advised about the dangers of breastfeeding for the same reason.
- **HIV Type 2:** HIV Type 2 is prevalent in both Liberia and Côte d'Ivoire affecting 1% of the population. While the prevalence of HIV-2 is comparatively lower than HIV-1 in most populations, given the prevalence of the disease among Liberians, health care providers are encouraged to discuss HIV-2 with their Liberian patients.
- **STD's:** Findings suggest that STD's patients' illness representations are reflections of their socio-cultural understanding of disease and of culturally defined gender relations. Women are especially at-risk for STD's because of the sexual violence, choices made by some women (e.g. sex for food), ritual practices such as "cleansing of African widows by having sex with a relative of the deceased husband and because women contract STD's at a greater rate than men because of difference in female and male anatomy" (La Franière, 2005).

## **Reproductive Health**

- **Pregnancy:** The Liberians have a high fertility rate with an average of almost 7 children per woman. The number of pregnancies is exacerbated by the frequency of pregnant women still breastfeeding infants while expecting another child. This depletes the mother's nutritional status, leaves her more susceptible to disease, increases the risk of low birth weights, and leads to early weaning of older children. A high prevalence of babies with low weight is common.
- Women may reduce their food intake in order to limit the size of their baby in order to prevent a difficult birth after experiencing female circumcision/female genital mutilation.

## **Female genital cutting (FGC), also called female circumcision, or female genital mutilation)**

- It is estimated that 95% of Liberian women experience FGC.
- Within Liberian culture the practice of FGC is highly significant and is linked to the Sande or the women's secret society. Within this culture, women are not perceived as adults, not eligible for marriage, not able to join the Sande, or bear children unless they have had the procedure.
- The procedure is typically performed when the girls are prepubescent but may be done as early as 3 years old. There are typically two types of FGC practiced.

- The first is the removal of the clitoris and the labia minora but leaving the labia majora intact.
- The second is called Clitoridectomy, where only the clitoris is removed, leaving the labia majora and minora intact. There are several health risks associated with this practice.
- Immediate or short-term issues include severe pain, shock, haemorrhage, urine retention, ulceration of the genital region and injury to adjacent tissue.
- The procedure is often performed as a group using the same razor blade or knife for all the girls, which could spread blood born diseases.
- Some of the long-term consequences can include cysts and abscesses, keloid scar formation, damage to the urethra resulting in urinary incontinence, painful sexual intercourse, sexual dysfunction, and difficulties with child birth.
- New research also indicates that women who have had FGC are at increased risk of contracting HIV during intercourse.
- During the civil war, an estimated 40% of women were raped.
- Forced marriage, prostitution, domestic abuse and increasing risk of HIV and other sexually transmitted infections impacted on all women.
- Women faced substantial barriers to care and few accessed preventive or curative services.

## **Diet and Food**

- In their native country, as well as in the USA, rice is the staple food for Liberians. A typical diet consists of rice, fufu and cassava. Protein favorites include all types of smoked meat and fish as there are no refrigerators in their countries of origin. Due to their low economic status while living in refugee camps, refugees are unable to purchase specialty foods.
- Overall their diet was healthy until they left their native country and resettled in refugees' camps.
- During and since the civil war and the time they spent in refugee camps, malnutrition progressed to severe malnutrition. Chronic malnutrition is generally a result of perinatal, childhood malnutrition or prolonged periods with insufficient intake. Micronutrient deficiency is another form of malnutrition that is potentially a significant issue for most refugees. Children and women are severely affected by deficiencies in iron, vitamin A, iodine, and folate that can lead to low-birth weight, stunting, blindness, mental and developmental delay and birth defects.

*(Office of Potential Health Issues for Liberian Refugees by Office of Global Health Affairs, updated version 1/30/2004).*

- The Muslim population generally does not drink alcohol. Liberians generally drink very little alcohol. They drink water, various fruit juices, coke, and coconut milk.

## **OTHER INFECTIOUS/VENEREAL DISEASES**

- **Shigellosis (bacillary dysentery):** Acute diarrheal illness from *Shigella* sp. Transmitted via fecal-oral route. Shigellosis is especially common in children and is particularly prevalent in malnourished populations with inadequate sanitary conditions.
- **Syphilis:** Preliminary results from domestic and overseas exams indicated that there is a high rate of syphilis in this population. There are also reports of cases that were not diagnosed overseas, indicating that they were either not tested or that they contracted the disease after the overseas exam.
- **Tuberculosis:** overseas exams indicate relatively high rates of tuberculosis (TB) among the Liberian refugees. Most of the cases appear to be in young adults ages 20-32. Because of relatively high rates of TB and HIV reported among Liberian refugees, and the high risk of developing TB disease once infected, the CDC has recommended that the refugees be evaluated for active TB and tested for latent TB infection (LTBI) – upon arrival to the USA.
- **Other concerns are:** Trachoma, Typhoid and paratyphoid fever (or enteric fever), Yellow fever and Parasites; Guinea worm (*Dracunculiasis*), Leishmaniasis, *Schistosoma*, *Strongyloidiasis*, *Trichuriasis* and Malaria. The Liberian refugees will have received empiric treatment for malaria prior to resettlement. Nonetheless, some types of malaria can relapse up to several years after an individual has left a malarious area. Therefore, if any refugee should present with a febrile illness suggestive of malaria, evaluation should include an examination of thick and thin blood smears for malaria parasites.

